



Quality is Our Bottom Line

Insurance Committee Public Hearing

Tuesday, March 17, 2015

Connecticut Association of Health Plans Testimony in Opposition to

SB 1085 AAC HEALTH INSURANCE COVERAGE FOR MENTAL OR NERVOUS CONDITIONS

The Connecticut Association of Health Plans respectfully urges the Committee's opposition to SB 1085 which seeks to increase coverage for mental health services by mandating a range of community services in addition to mandating a 14 day inpatient "hold" without determining the appropriateness of such treatment. The mandate would apply to both public and private institutions.

Connecticut has taken significant steps over the last couple of years in recognition of the need to further address the behavioral, mental health and substance use needs of the state's citizenry. The Association has welcomed the opportunity to be at the table working closely with policy makers and regulators as a number of new initiatives have taken effect. Currently, we are engaged with the Office of the Health Care Advocate in bringing to fruition the vision of the Behavioral Health Clearinghouse whereby consumers can use a single point of access to learn about a range of behavioral health and substance use services that are available.

While we appreciate the intent of SB 1085, it raises a number of significant concerns not only about the costs associated with such a broad mandate, but also about:

- the impact to the current delivery system given the stress that would be put on inpatient bed capacity given the new 14 day requirement;
- whether it's medically appropriate and to the benefit of a person to remain inpatient for such a long stay, and;
- whether the intended community providers currently have the ability to integrate into a commercial reimbursement system.

Questions remain, for example, whether programs like EMPS (emergency mobile psychiatric services) which heretofore have been grant funded, have the necessary infrastructure to bill third-party payers. Similarly, there are operational issues which need to be addressed such as which codes and units of service are appropriate and what credentialing components are required as health plans have accrediting standards which they must abide by.

This is not to say that the Association isn't willing to entertain coverage for these services, only that an additional conversation is warranted prior to committing the policy to statute. HB 6847, which was introduced by the Governor and reported out by the Insurance Committee, calls for a working group to be established to address reporting standards around psychiatric and substance abuse measures. We would respectfully suggest that the purview of that group be expanded to look at the provisions of 1085 so that we can move forward on an appropriate trajectory.

Thank you for your consideration.